

**MASSACHUSETTS STATE RACING COMMISSION**

c/o Suffolk Downs  
111 Waldermar Ave  
East Boston, MA 02128  
FAX # (617) 561-0803

1 Ashburton Place  
Boston, MA 02108  
Room 1313

**License**

Receipt No. \_\_\_\_\_ Inspector \_\_\_\_\_

\_\_\_\_ Cash / Check \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE

**2007****PARTNERSHIP REGISTRATION \$50****THOROUGHBRED  
LICENSE APPLICATION**

Fee must accompany this application.  
Make check payable to **M.S.R.C.**

All the below parties must be currently licensed owners.

DATE \_\_\_\_\_

To the Massachusetts State Racing Commission:

We declare a partnership

**LIST OF PARTNERS****NAME****ADDRESS**

_____	of _____	Share % _____
_____	of _____	Share % _____
_____	of _____	Share % _____
_____	of _____	Share % _____
_____	of _____	Share % _____
_____	of _____	Share % _____

- All entries and declarations of forfeits are to be made by \_\_\_\_\_
- All winnings are to be credited to \_\_\_\_\_
- Horses are to be run in the name of \_\_\_\_\_
- State terms of any contingency or lease or other arrangement \_\_\_\_\_

We request that this partnership may be registered in accordance with the Rules of Racing.

**LIST OF HORSES REGISTERED****NAME****SEX****AGE**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**STEWARDS RECOMMENDATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License applied for expires December 31<sup>st</sup> year of issue**SIGNED UNDER THE PENALTY OF PERJURY**

<b>X</b>	_____
<b>X</b>	_____
<b>X</b>	_____
<b>X</b>	_____
<b>X</b>	_____
<b>X</b>	_____